

DELEGATE AND ALTERNATE DELEGATE

NAME	ADDRESS-ZIP CODE	OFFICE	DISTRICT	PARTY

If required pursuant to 10 ILCS 5/7-10.2, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS _____ UNTIL NAME CHANGED ON _____
(List all names during last 3 years) (List date of each name change)

STATE OF ILLINOIS)
)
County of _____) SS.

I, _____ being first duly sworn (or affirmed), say that I reside at _____, in the City, Village, Unincorporated Area of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, in the County of _____, State of Illinois; that I am a qualified voter therein and am a qualified Primary voter of the _____ Party; that I am a candidate for election to the office of _____ in the _____ District, to be voted upon at the primary election to be held on _____ (date of election) and that I am legally qualified to hold such office and I hereby request that my name be printed upon the official _____ (Name of Party) Primary ballot for election for such office.

☐ prefer _____ for President of the United States.

☐ declare that I am uncommitted as to preference for President of the United States.

(Signature of Candidate)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Candidate) (insert month, day, year)

(SEAL)

(Notary Public's Signature)